

New Jersey Department of Education  
Office of Supplemental Educational Programs

**Elementary and Secondary Education Act (ESEA) 2015  
Accountability Results Appeal Form**

- ✓ Complete this form if you believe the calculation of a school's performance data and/or participation rate data is not accurate. The form must be submitted within 15 days of the date on the notification letter along with the following documentation:
- A detailed explanation of why you believe the performance and/or participation rate data is not accurately calculated along with a copy of the profile(s) being appealed.
  - Documentation to support your appeal. **Note:** only students with valid PARRC scores or DLM levels count as participating.
  - **Student record coding errors not corrected by the district during the record change process will NOT be considered.**

Send appeal form and back-up documentation to the following address:

New Jersey Department of Education  
Office of Supplemental Educational Programs  
100 River View Plaza  
P.O. Box 500  
Trenton, NJ 08625-0500  
Submit questions to: [titleone@doe.state.nj.us](mailto:titleone@doe.state.nj.us)

- ✓ Submit a separate appeal form and supporting documentation for each school's performance and/or participation rate data you are appealing.

**Complete the following information:**

|                       |  |                       |  |
|-----------------------|--|-----------------------|--|
| <b>District Name:</b> |  | <b>District Code:</b> |  |
| <b>County Name:</b>   |  | <b>County Code:</b>   |  |
| <b>School Name:</b>   |  | <b>School Code:</b>   |  |
| <b>Contact Name:</b>  |  | <b>Phone Number:</b>  |  |

**Check the calculation of data you wish to appeal:**

☐ Performance Data

☐ Participation Rate Data

**Check all subgroups that apply to your appeal:**

|   |
|---|
| <input type="checkbox"/> Total population – schoolwide subgroup |
| <input type="checkbox"/> Students with disabilities             |
| <input type="checkbox"/> Limited English proficient             |

|   |
|---|
| <input type="checkbox"/> Economically disadvantaged |
| <input type="checkbox"/> White                      |
| <input type="checkbox"/> African-American           |
| <input type="checkbox"/> Asian/Pacific Islander     |

|  |
|--|
| <input type="checkbox"/> Hispanic                            |
| <input type="checkbox"/> American Indian/<br>Native American |
| <input type="checkbox"/> Other                               |